

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34678

State File No. _____

Registrar's No. **886**

FILED NOV 8 1943
128

Registration District No. _____ Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **SPRINGFIELD MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **VERDIE MAE APPLEBERRY**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **491-05-4445**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **Unk.** 6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **July 1896**
(Month) (Day) (Year)

8. AGE: Years **47** Months **3** Days **21** If less than one day hr. min.

9. Birthplace **Webster Co. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Revised maid**

11. Industry or business **maid in hotel**

12. Name **Richard B. merrell Sr.**

13. Birthplace **Webster Co. MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **Etha E. Bales**

15. Birthplace **Unk. Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert M. Appleberry**

(b) Address **Kansas City MO.**

17. (a) **Burial** (b) Date thereof **Oct 29 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pisgah Ch.**

18. (a) Signature of funeral director **J. W. Klingner & Co.**

(b) Address **SPRINGFIELD MO.**

19. (a) **10-28-43** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**
(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")
(d) Street No. **2020 Oakland**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **27th**
year **1943** hour **6** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **June 14-43**
Oct 27 - 1943
that I last saw him alive on **Oct 26** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**

Due to **obstructive jaundice** 9 mos

Due to **Structure of Common Bile Duct** 9 mos.

Other conditions **93 el**
(Include pregnancy within 3 months of death)

Major findings: **Structure Common Bile Duct**

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(c) Means of injury _____

23. Signature **Robert M. Appleberry** (M. D. or other)

Address **Springfield, Mo.** Date signed **10/29/43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.